Idaho Department of Health and Welfare

Vendor Specifications
NCPDP 5.1 Claim Format

Revised

June 13, 2008

Overview

The EDS EDI Department has prepared this vendor specification document for the NCPDP 5.1 Billing and Reversal claim formats. This document was produced to aid programmers developing and testing software; and for use in resolving problems for transactions generated in NCPDP format. This document refers to information and situations that are specific to Idaho Medicaid. This vendor specification document should be used as a supplement to the NCPDP Implementation Guides.

For any questions or to begin testing, please contact the EDS EDI Helpdesk at 1-800-685-3757 and ask for Technical Support.

Summary of Billing Requirements

- Idaho Medicaid Management Information System will not use data fields that are not listed in this manual for claims processing.
- All NCPDP values will be accepted unless otherwise specified.
- Transactions processed in real time with more than 1 claim will be rejected.
- Amount fields with negative values will cause the transaction to be rejected.
- Product IDs must be valid National Drug Codes.
- Idaho Medicaid requires other insurance information to be sent if this information is known.
    - Maximum of three other payers per claim allowed.
    - There will be only one payment per payer on the claim allowed.
    - The pharmacist will be required to sum payment amounts from other payers if there is more than one.
    - There will be a maximum of three reject occurrences allowed per payer.
- Idaho Medicaid will accept up to 25 ingredients per compound drug.
- Message fields will contain various claims processing information, including system errors, claims processing errors and third party information.
- If sending claims interactively, refer to the Variable Claim Format specifications.
- If sending claims in batches, refer to the Fixed Length Batch specification.

Header Segment

Field	Field name	REQ	VALUE
101-A1	BIN number	Y	610508
102-A2	Version/release number	Y	51
103-A3	Transaction code	Y	Values currently accepted by Idaho: B1 = Billing B2 = Reversal
104-A4	Processor control number	Y	EDS submitter ID number issued to the vendor. EDS will issue this number during testing and vendor certification.
109-A9	Transaction Count	Y	Value must be: 1

Field	Field name	REQ	VALUE
202-B2	Service Provider ID Qualifier	Y	Values Accepted by Idaho: 01 = NPI 05 = Medicaid
201-B1	Service Provider ID	Y	Enter the 9-digit Medicaid Provider ID number if qualifier is 05. Enter the 10-digit NPI if qualifier is 01. "Atypical" providers will continue to use the Medicaid Provider Number.
401-D1	Date of Service	Y	Enter date of service. Format is ccyymmdd
110-AK	Software Vendor/Certification ID	N	Not used

Patient Segment

Field	Field name	REQ	VALUE
111-AM	Segment Identification	Y	This is an optional segment. If this segment is sent this field is required.
331-CX	Patient ID Qualifier	O	If sent value should be: 01 = SSN
332-CY	Patient ID	O	Enter patient Social Security Number
304-C4	Date of birth	N	Not used
305-C5	Patient Gender Code	N	Not used
310-CA	Patient first name	N	Not used
311-CB	Patient last name	N	Not used
322-CM	Patient Street Address	N	Not used
323-CN	Patient City Address	N	Not used
324-CO	Patient State/Province Address	N	Not used
325-CP	Patient Zip / Postal Zone	N	Not used
326-CQ	Patient Phone Number	N	Not used
307-C7	Patient Location	O	Use NCPDP valid value
333-CZ	Employer ID	N	Not used
334-1C	Smoker / Non-Smoker Code	N	Not used
335-2C	Pregnancy Indicator	N	Not used

Insurance Segment

Field	Field name	REQ	VALUE
111-AM	Segment Identification	Y	This is a mandatory segment
302-C2	Cardholder ID number	Y	Enter the 7-digit Medicaid client ID number or '9999999' if on presumptive eligibility program
312-CC	Cardholder First Name	Y	Enter client's first name
313-CD	Cardholder Last Name	Y	Enter client's last name
314-CE	Home Plan	N	Not used
352-FO	Plan ID	N	Not used
309-C9	Eligibility Clarification Code	N	Not used
336-8C	Facility ID	N	Not used
301-C1	Group number	N	Not used
303-C3	Person code	N	Not used
306-C6	Relationship code	N	Not used

Claim Segment

Field	Field name	REQ	VALUE
111-AM	Segment Identification	Y	This is a mandatory segment
455-EM	Prescription / Service Reference Number	Y	Value must be: 1 = Rx Billing
402-D2	Prescription number	Y	Enter the prescription number.
436-E1	Product / Service ID Qualifier	Y	Value must be: 03 = National Drug Code
407-D7	Product / Service ID	Y	Enter the 11-digit national drug code for the drug dispensed in this field. Enter zeros if drug is a compound.
456-EN	Associated Prescription / Service Reference #	N	Not used
457-EP	Associated Prescription / Service Date	N	Not used
458-SE	Procedure Modifier Count	N	Not used
459-ER	Procedure Modifier Code	N	Not used
442-E7	Quantity Dispensed	Y	Enter the metric decimal quantity of the drug dispensed in this field. Value must be greater than zero.
403-D3	Fill Number	Y	Enter the refill number. If original enter Ø.

405-D5	Days supply	Y	Enter the estimated days supply of the drug dispensed
406-D6	Compound code	Y	Enter the applicable code in this field. Ø = not specified 1 = not a compound 2 = compound If a compound segment is sent the value must be: 2
408-D8	Dispense as Written/Product Selection Code	Y	Enter the applicable code in this field. If nothing is entered, default to "Ø" (no product selection indicated).
414-DE	Date prescription written	N	Not used
415-DF	Number of Refills Authorized	N	Not used
419-DJ	Prescription Origin Code	N	Not used
420-DK	Submission Clarification Code	S	
460-ET	Quantity Prescribed	N	Not used
308-C8	Other coverage code	S	Enter if known. If nothing is entered, default to "Ø" (not specified).
429-DT	Unit Dose Indicator	O	
453-EJ	Orig Prescribed Product / Service ID Qualifier	N	Not used
445-EA	Originally Prescribed Product / Service Code	N	Not used
446-EB	Originally Prescribed Quantity	N	Not used
330-CW	Alternate ID	N	Not used
454-EK	Scheduled Prescription ID Number	N	Not used
600-28	Unit of measure	Y	
418-DI	Level of Service	N	Not used
461-EU	Prior Authorization Type Code	N	Not used
462-EV	Prior Authorization Number Submitted	O	Enter the 8-digit prior authorization number.
463-EW	Intermediary Authorization Type ID	N	Not used
464-EX	Intermediary Authorization ID	N	Not used

343-HD	Dispensing Status	N	Not used
344-HF	Quantity Intended to be Dispensed	N	Not used
345-HG	Days Supply Intended to be Dispensed	N	Not used

Prescriber Segment

Field	Field name	REQ	VALUE
111-AM	Segment Identification	Y	This is a mandatory segment
466-EZ	Prescriber ID Qualifier	Y	Values accepted by Idaho: 01 = NPI
411-DB	Prescriber ID	Y	Enter NPI with the 01 Qualifier.
467-1E	Prescriber Location Code	N	Not used
427-DR	Prescriber Last Name	N	Not used
498-PM	Prescriber Phone Number	N	Not used
468-2E	Primary Care Provider ID Qualifier	N	Not used
421-DL	Primary Care Provider ID	N	Not used
469-H5	Primary Care Provider Location Code	N	Not used
470-4E	Primary Care Provider Last Name	N	Not used

COB/Other Payments Segment

Field	Field name	REQ	VALUE
111-AM	Segment Identification	Y	This is an optional segment. If this segment is sent this field is required.
337-4C	Coordination of Benefits/Other Payments Count	Y	Maximum of three other payers per claim allowed. The count must match the total number of payers

338-5C	Other Payer Coverage Type	Y	
339-6C	Other Payer ID Qualifier	N	Not used
340-7C	Other Payer ID	O	
443-E8	Other Payer Date	N	Not used
341-HB	Other Payer Amount Paid Count	Y	There will be only one payment per payer on the claim allowed.
342-HC	Other Payer Amount Paid Qualifier	S	If the value is sent it must be: 08 = Sum of All Reimbursement
431-DV	Other Payor Amount Paid	S	Enter the amount paid by the other carrier, if known.
471-5E	Other Payer Reject Count	O	There will be a maximum of three reject occurrences allowed per payer.
472-6E	Other Payer Reject Code	S	

DUR/PPS Segment

Field	Field name	REQ	VALUE
111-AM	Segment Identification	Y	This is an optional segment. If this segment is sent this field is required.
473-7E	DUR/PPS Code Counter	Y	If this field is sent, the value must be: 1
439-E4	Reason For Service Code	Y	This code used for overriding DUR alerts
440-E5	Professional Service Code	Y	This code used for overriding DUR alerts
441-E6	Result of Service Code	Y	This code used for overriding DUR alerts
478-8E	DUR/PPS Level of Effort	N	Not used
475-J9	DUR Co-Agent ID Qualifier	N	Not used
476-H6	DUR Co-Agent ID	N	Not used

Pricing Segment

Field	Field name	REQ	VALUE
111-AM	Segment Identification	Y	This is a mandatory segment

409-D9	Ingredient cost	N	Not used
412-DC	Dispensing Fee Submitted	N	Not used
477-BE	Professional Service Fee Submitted	N	Not used
433-DX	Patient paid amount	O	Enter the amount received from client for the prescription dispensed. Format: s$$$$$$cc
438-E3	Incentive Amount Submitted	N	Not used
478-H7	Other Amount Claimed Submitted Count	N	Not used
479-H8	Other Amount Claimed Submitted Qualifier	N	Not used
480-H9	Other Amount Claimed Submitted	N	Not used
481-HA	Flat Sales Tax Amount Submitted	N	Not used
482-GE	Percentage Sales Tax Amount Submitted	N	Not used
483-HE	Percentage Sales Tax Rate Submitted	N	Not used
484-JE	Percentage Sales Tax Basis Submitted	N	Not used
426-DQ	Usual and customary charge	Y	Format = s$$$$$$cc
430-DU	Gross Amount Due	N	Not used
423-DN	Basis Of Cost Determination	N	Not used

Compound Segment

Field	Field name	REQ	VALUE
111-AM	Segment Identification	Y	This is an optional segment. If this segment is sent this field is required.
450-EF	Compound Dosage Form Description Code	Y	
451-EG	Compound Dispensing Unit Form Indicator	Y	
452-EH	Compound Route of Administration	Y	

447-EC	Compound Ingredient Component Count	Y	Max of 25 ingredients.
488-RE	Compound Product ID Qualifier	Y	The value must be: 03 (NDC)
489-TE	Compound Product ID	Y	Enter 11-digit NDC
448-ED	Compound ingredient metric decimal quantity	Y	
449-EE	Compound Ingredient Drug Cost	O	Format = s$$$$$$cc
490-UE	Compound Ingredient Basis of Cost Determination	N	Not used

Response Segments

Response Header Segment

Field	Field name	REQ	VALUE
102-A2	Version/release number		Same as input value
103-A3	Transaction code		Same as input value
109-A9	Transaction Count		The value should always be: 1
501-F1	Response status (header)		The value returned will be on of the following: A = Accepted R = Rejected
202-B2	Service Provider ID Qualifier		Same as input value
201-B1	Service Provider ID		Same as input value
401-D1	Date of Service		Same as input value

Response Message Segment

Field	Field name	REQ	VALUE
111-AM	Segment Identification		This is an optional segment. If sent this value will be: 20
504-F4	Message		Will contain claims processing information.

Response Status Segment

Field	Field name	REQ	VALUE

111-AM	Segment Identification		This value will be: 21
112-AN	Transaction Response Status		The value returned will be one of the following: P = Paid R = Rejected D = Duplicate of Paid
503-F3	Authorization Number		The 14-digit internal control number (ICN)
510-FA	Reject Count		Max of 3 for Idaho AIM processing
511-FB	Reject Code		
546-4F	Reject Field Occurrence Indicator		The value in this field will be returned if the value in 511-FB is one of the following: 70 = Product/Service not covered E7 = M/I Quantity Dispensed
547-5F	Approved Message Code Count		Not used
548-6F	Approved Message Code		Not used
526-FQ	Additional Message Information		Will contain claims processing information.
549-7F	Help Desk Phone Number Qualifier		Not used
550-8F	Help Desk Phone Number		Not used

Response Claim Segment

Field	Field name	REQ	VALUE
111-AM	Segment Identification		This value will be: 22
455-EM	Prescription/Service Reference Number Qualifier		Same as input value
402-D2	Prescription/Service Reference Number		Same as input value
551-9F	Preferred Product Count		Not used
552-AP	Preferred Product ID Qualifier		Not used
553-AR	Preferred Product ID		Not used

Field	Field name	REQ	VALUE
554-AS	Preferred Product Copay Incentive		Not used
556-AU	Preferred Product Description		Not used

Response Pricing Segment

Field	Field name	REQ	VALUE
111-AM	Segment Identification		This value will be: 23
505-F5	Patient Pay Amount		Not used
506-F6	Ingredient Cost Paid		Not used
507-F7	Dispensing Fee Paid		Not used
557-AV	Tax Exempt Indicator		Not used
558-AW	Flat Sales Tax Amount Paid		Not used
559-AX	Percentage Sales Tax Amount Paid		Not used
560-AY	Percentage Sales Tax Rate Paid		Not used
561-AZ	Percentage Sales Tax Basis Paid		Not used
521-FL	Incentive Amount Paid		Not used
562-J1	Professional Service Fee Paid		Not used
563-J2	Other Amount Paid Count		Not used
564-J3	Other Amount Paid Qualifier		Not used
565-J4	Other Amount Paid		Not used
566-J5	Other Payer Amount Recognized		Not used
509-F9	Total Amount Paid		Amount payable by Idaho Medicaid
522-FM	Basis of Reimbursement Determination		Not used
523-FN	Amount Attributed to Sales Tax		Not used
512-FC	Accumulated Deductible Amount		Not used
513-FD	Remaining Deductible Amount		Not used

514-FE	Remaining Benefit Amount		Not used
517-FH	Amount Applied to Periodic Deductible		Not used
518-FI	Amount of Copay/Coinsurance		Not used
519-FJ	Amount Attributed to Product Selection		Not used
520-FK	Amount Exceeding Periodic Benefit Maximum		Not used
346-HH	Basis of Calculation – Dispensing Fee		Not used
347-HJ	Basis of Calculation – Copay		Not used
348-HK	Basis of Calculation – Flat Sales Tax		Not used
349-HM	Basis of Calculation – Percentage Sales Tax		Not used

Response DUR/PPS Segment

Field	Field name	REQ	VALUE
111-AM	Segment Identification		This value will be: 24
567-J6	DUR/PPS Response Code Counter		
439-E4	Reason for Service Code		
528-FS	Clinical Significance Code		
529-FT	Other Pharmacy Indicator		
530-FU	Previous Date of Fill		
531-FV	Quantity of Previous Fill		
532-FX	Database Indicator		
533-FY	Other Prescriber Indicator		

Fixed Length Batch Transaction

Transaction Header Record

Field	Field name	Type	Length	Start	End	Value
880-K4	Text Indicator	A/N	1	1	1	Start of Text (Stx) = X'02'
701	Segment Identifier	A/N	2	2	3	00 = File Control (header)
880-K6	Transmission Type	A/N	1	4	4	T = Transaction R = Response E = Error
880-K1	Sender ID	A/N	24	5	28	EDS sender ID number issued to the vendor. EDS will issue this number during testing and vendor certification.
806-5C	Batch Number	N	5	29	33	Must match value at Trailer
880-K2	Creation Date	N	8	34	41	Format ccyymmdd
880-K3	Creation Time	N	4	42	45	Format hhmm
702	File Type	A/N	1	46	46	P = Production
102-A2	Version/Release Number	A/N	2	47	48	Version/Release of Header Data
880-K7	Receiver ID	A/N	24	49	72	745406153 (This field's value will change when the testing phase has been completed)
880-K4	Text Indicator	A/N	1	73	73	End of Text (Etx) = X'03'

Detail Data Record

Field	Field name	Type	Length	Start	End	Value
880-K4	Text Indicator	A/N	1	1	1	Start of Text (Stx) = X'02'
701	Segment Identifier	A/N	2	2	3	G1 = Detail Data Record
880-K5	Transaction Reference Number	A/N	10	4	13	Determined by Provider
	NCPDP Data Record		varies	14	varies	See 5.1 Claim Format
880-K4	Text Indicator	A/N	1	Varies	varies	End of Text (Etx) = X'03'

Trailer Record

Field	Field name	Type	Length	Start	End	Value
880-K4	Text Indicator	A/N	1	1	1	Start of Text (Stx) = X'02'
701	Segment Identifier	A/N	2	2	3	99 = File Trailer
806-5C	Batch Number	N	7	4	10	Must match value at Header
751	Record Count	N	10	11	20	
504-F4	Message	A/N	35	21	55	
880-K4	Text Indicator	A/N	1	56	56	End of Text (Etx) = X'03'

Modification Log NCPDP

Field	Field name	DESCRIPTION	MODIFY DATE	INITIALS
104-A4	PROCESSOR CTRL #	CHGD 'SENDER' TO 'SUBMITTER'	6/25/08	MEK
201-B1	SVC PROV ID	Updated to the current NPI standard, removed pre NPI references.	6/25/08	MEK
466-EZ	PRESCRIBER ID QUAL	REMOVED '08' STATE LICENSE.	6/25/08	MEK
411-DB	PRESCRIBER ID	Updated to the current NPI standard, removed pre NPI references.	6/25/08	MEK